

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

REC'D See Instructions for Service of Process by U.S. Marshal

UNITED STATES MARSHAL

in hand
30

PLAINTIFF Cheri LaBlanche	12 JUL 19 PM 2:05	COURT CASE NUMBER (4-13-cv-204) 4:13-cv-204
DEFENDANT National Board of Medical Examiners et al.	SOUTHERN DIST. S/TX	TYPE OF PROCESS Service of Summons

SERVE { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
AT { National Board of Medical Examiners , 3750 Market St., Philadelphia PA, 19104-3102
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	1
Cheri & George LaBlanche 12806 SouthSpring Dr Houston, TX 77047	Number of parties to be served in this case	3
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

United States District Court
Southern District of Texas
FILED

Fold

AUG 07 2013

Signature of Attorney other Originator requesting service on behalf of:

David J. Bradley, Clerk of Court

 PLAINTIFF DEFENDANT

TELEPHONE NUMBER

DATE

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process <u>1</u>	District of Origin No. <u>79</u>	District to Serve No. <u>79</u>	Signature of Authorized USMS Deputy or Clerk <u>Bat Lopez</u>	Date <u>7/19/2013</u>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date
7/29/2013 Time
12:00 am pm

Signature of U.S. Marshal or Deputy
Bat Lopez

Service Fee <u>8.00</u>	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <u>\$0.00</u>
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REMARKS
7/23/2013 - Service via Certified Mail 7009225000407312765
7/29/2013 - Served via Certified Mail,

PRINT 5 COPIES: 1. CLERK OF THE COURT

PRIOR EDITIONS MAY BE USED

2. USMS RECORD

3. NOTICE OF SERVICE

4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 4-13-CV-204

COMPLETE THIS SECTION

A. Signature

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

 Agent Addressee Yes No

NATIONAL BOARD OF MEDICAL EXAMINERS
3750 MARKET STREET
PHILADELPHIA, PA 19104-3102

2. Article Number

(Transfer from service label)

2004 February 2004

3. Service Type R.R. Certified Mail Registered Insured Mail C.O.D. Express Mail Return Receipt for Merchandise C.O.D. Yes

7009 2250 0004 0731 2765

Domestic Return Receipt

102595-02-M-1540

RECEIVED
UNITED STATES MARSHAL

UNITED STATES DISTRICT COURT

for the

Southern District of Texas

13 JUL 19 PM 3:05

SOUTHERN DIST. S/TX

Cheri LaBlanche

)

Plaintiff

)

v.

)

National Board of Medical Examiners et al.

)

Defendant

)

Civil Action No. 4:13-cv-204

SUMMONS IN A CIVIL ACTION

To: (*Defendant's name and address*)

National Board of Medical Examiners
3750 Market St.,
Philadelphia, PA 19104-3102

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

DAVID J. BRADLEY

CLERK OF COURT

Date:

7/19/13



Signature of Clerk or Deputy Clerk

AO 440 (Rev. 12/09) Summons in a Civil Action (Page 2)

Civil Action No. 4:13-cv-204

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) National Board of Medical Examiners
 was received by me on (date) 7/19/2013.

- I personally served the summons on the individual at (place) _____
 on (date) _____; or
- I left the summons at the individual's residence or usual place of abode with (name) _____
 , a person of suitable age and discretion who resides there,
 on (date) _____, and mailed a copy to the individual's last known address; or
- I served the summons on (name of individual) _____, who is
 designated by law to accept service of process on behalf of (name of organization) _____
 on (date) _____; or

- I returned the summons unexecuted because _____ ; or

Other (specify): Served via Certified Mail 700922500004
 07312765 on 7/29/2013.

My fees are \$ 0 for travel and \$ \$, 00 for services, for a total of \$ \$, 00

I declare under penalty of perjury that this information is true.

Date: 8/7/2013

Server's signature

Pat Lopez, Civil Process Desk

Printed name and title
U.S. Marshals Service, S/TX
515 Rusk Ave, Ste 10002
Houston, TX 77002

Server's address

Additional information regarding attempted service, etc: